



J.A. HINES

STATE REPRESENTATIVE • 42ND ASSEMBLY DISTRICT

Testimony Before the Senate Committee on Public Health, Senior Issues, Long Term Care and Privacy in Support of Assembly Bill 483 January 23, 2007

Good morning. I would like to thank Chairman Carpenter for scheduling a hearing on Assembly 483 and giving me the opportunity to testify before the committee this morning.

Since the 1980's experts have recommended statutory reform to improve the public health system; however, no straightforward model existed. In April of 2000, the Public Health Statute Modernization Collaborative was created to try to address this need. The Collaborative was a multi-disciplinary group comprised of representatives from five states and nine national organizations and government agencies, assisted by experts in specialty areas of public health.

The Collaborative presented their model in 2003. Since then, due to the efforts of the Wisconsin Public Health Association, the Wisconsin Association of Local Health Departments and Boards, and the State Division of Public Health, the model was analyzed by individuals throughout Wisconsin's public health system to see which parts of the model needed to be included in Wisconsin's statutes to keep our state up to date.

Because of these efforts, I introduced AB 881 last session, which was the most comprehensive update to Wisconsin's public health statutes in decades. AB 881, which became 2005 Act 198, removed outdated language in the statutes and required greater communication between all levels of government to better recognize and better respond to a potential outbreak or emergency.

Assembly 483 is a trailer bill to 2005 AB 881 and reorganizes and updates the public health statutes dealing mainly with human health hazards and provides local governments the needed tools protect their citizens from public health threats.

Assembly Bill 483 does the following:

- Clarifies that a county, city, village, or town with a local health department may enact an ordinance concerning abatement or removal of a human health hazard and also enforce that ordinance
- Provides a more relevant and current definition of a human health hazard to include any substance or situation that could spread infectious disease



- Encourages physicians to volunteer their services to local health departments by providing liability protection to volunteer physicians.
- Provide local governments greater flexibility in developing community health improvement plans and requiring the public be involved in the process.

I understand there have been some concerns raised over the proposed change in the definition of a human health hazard. The reason the change was included in this bill is because, like other parts of our public health statutes, the current definition needs to be updated to reflect current times and give our public health officials the tools they need to protect our citizens.

Wisconsin has always been a national leader when it comes to public health and this bill will only strengthen that fact and I am proud to be a part of this effort. I would urge the committee to support Assembly bill 483, as amended in the Assembly.



State of Wisconsin
Department of Health and Family Services

Jim Doyle, Governor
Kevin R. Hayden, Secretary

January 23, 2008

TO: Senate Committee on Public Health, Senior Issues, Long Term Care and Privacy
FROM: Katie Plona, DHFS legislative liaison
RE: Assembly Bill 483

Senate Carpenter and committee members, thank you for the opportunity to address your committee today in support of Assembly Bill 483.

My name is Katie Plona, legislative liaison for the Department of Health and Family Services. With me today is Chuck Warzecha, director of the Bureau of Environmental and Occupational Health in our Division of Public Health.

The Department supports this legislation because it will provide additional legal clarity to our public health statutes and assist the 93 local health departments with which the Department works very closely. Both the Assembly Committee on Public Health and the full Assembly unanimously passed AB 483.

DHFS worked last session with Rep. Hines and other partners, such as the Wisconsin Public Health Association, the Wisconsin Association of Local Health Departments and Boards and the Wisconsin Environmental Health Association, to develop and pass the "Model Health Act" law. This Act grew out of a national collaborative effort to do a major update to public health law throughout the country to give public health entities the tools they need to strengthen the public health system in regards to public health preparedness and response.

We were pleased to work again this session with Rep. Hines and others to draft the legislation before you. DHFS believes that this language, not addressed in the last session due to time constraints, is necessary to finalize the "Model Health Act."

The highlights of this legislation that are most helpful to our local health department partners and DHFS include:

- Expands local volunteer physician indemnification from only immunization practice and policies to broader local public health programs
- Requires local health departments to include policymakers and the public in the development of local community health improvement plans to address local public health priorities in their respective jurisdictions
- Makes consistent, the qualifications for all local health officers in our local public health workforce
- Defines a human health hazard and clarifies the local health officer authority in the investigation and abatement of a human health hazard

There have been some questions about the update in AB 483 to the definition of a human health hazard. AB 483 revises human health hazard in statute to more clearly include hazards that include the spread of infectious disease. The current definition has been interpreted to include infectious disease related hazards in the past. However, the recent focus on bioterrorism preparedness and pandemic influenza has increased the importance of making that more clear in the statute. This revised definition of a human health hazard in AB 483 is consistent with the national model definition.

Traditional examples of a human health hazards related to infectious disease include the control of rats and other vermin that can spread disease during an outbreak, or closing beaches contaminated with *e. coli* bacteria. A newer example would be the ability to order proper disposal of infectious waste during a pan flu outbreak.

Of course non-infectious disease hazards still include other types of hazards like the house with 200 cats or the chipping lead paint on windows and children's toys.

Thank you again for this opportunity to share the Department's perspective on AB 483. We are happy to answer any questions you may have.



Wisconsin Public Health Association
Wisconsin Association of Local Health
Departments and Boards



TO: Chairman Carpenter and members of the Public Health, Senior Issues, Long Term Care and Privacy Committee
FROM: Michael Welsh - Wisconsin Public Health Association;
Wisconsin Association of Local Health Departments and Boards
DATE: January 23, 2008
RE: Written testimony in favor of Assembly Bill 483

Chairman Carpenter and members of the Committee, thank you for the opportunity to provide testimony today on Assembly Bill 483 – the Public Health Modernization Act II. On behalf of the Wisconsin Public Health Association and the Wisconsin Association of Local Health Departments and Boards, I would respectfully request your support for this important legislation.

Together, WPHA and WALHDAB represent over 1,100 members statewide, from state and local public health officials to public health professionals working in academia and the private sector. Both organizations are dedicated to improving, promoting and protecting public health in Wisconsin through effective leadership, education and advocacy.

In 2000, a nationwide public health collaborative – funded by the Robert Wood Johnson Foundation – was formed to develop a public health modernization model act for individual states to use as a guide. Assembly Bill 483 is a result of that work.

Last session, the Legislature approved the first Public Health Modernization Act (2005 WI Act 198) to overhaul Wisconsin's outdated public health statutes. Assembly Bill 483 is follow-up legislation to last session's bill and would complete nearly a decade of work to modernize the state's public health laws and strengthen Wisconsin's public health system.

Assembly Bill 483, which was approved unanimously by the Assembly last month, will help ensure local health departments across the state have the legal tools necessary to promote and preserve public health.

More specifically, AB 483 (as amended by ASA 1) would do the following:

1. **Confirm the current statutory authority of local health officers to obtain a special inspection warrant to abate a human health hazard. The bill also confirms the current authority of local health officers to inspect property in cases of emergency.**
2. **Modify the current statutory definition of *Human Health Hazard* to include any substance, activity or condition that has the potential "to endanger life" or to "generate and spread infectious diseases." The redefinition would allow a local health officer to eliminate any condition that poses a serious health hazard that cannot be resolved with any other activity, intervention or law.**

3. **Provide local health departments with the ability to enact an ordinance concerning the abatement of a human health hazard that is as least as restrictive as state law.**
4. **Provide local health departments with the discretion to hire any of the following public health department personnel: a.) A public health nutritionist; b.) A public health educator; and c.) A public health dental hygienist**
5. **Provide local health departments with the authority to develop community health improvement plans in lieu of developing a list of priority public health services. This provision would provide a local health department with greater flexibility to implement the services and functions to best serve their community.**
6. **Eliminate all exceptions to the current law that requires local health officers to meet certain minimum qualifications. This provision would ensure all local health officers in Wisconsin are qualified to fulfill their duties (current local health officers would be "grandfather-in").**
7. **Provide state agency status (i.e., state medical liability coverage) to physicians who volunteer their services -- free of charge -- to local health departments. This provision would provide an incentive to physicians to volunteer for public health programs.**
8. **Renumber -- but not modify -- numerous public health statutes dealing with emergency medical services, minority health, the statewide poison control system, etc.**

In closing, the Wisconsin Association of Local Health Departments and Boards and the Wisconsin Public Health Association would once again ask you to support AB 483 (as amended), as this important legislation would allow local health departments to more effectively preserve and promote public health.

Thank you.